

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Senate Majority Fund

ADDRESS (number and street) ▼

P.O. Box 32025

☐ Check if different than previously reported. (ACC)

Phoenix

AZ

85064

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00368431

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Ashley Ragan

Signature of Treasurer

Mrs. Ashley Ragan

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Senate Majority Fund

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		242100.63
(b) Cash on Hand at Beginning of Reporting Period.....	214480.76	
(c) Total Receipts (from Line 19) .....	216.94	446.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	214697.70	242547.29
7. Total Disbursements (from Line 31) .....	65400.70	93250.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	149297.00	149297.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Senate Majority Fund

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2015

To:

M M / D D / Y Y Y Y Y  
12 31 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

0.00

0.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

216.94

446.66

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

216.94

446.66

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

216.94

446.66

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	6400.70	11150.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6400.70	11150.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	64400.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	10000.00	17700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	65400.70	93250.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65400.70	93250.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	6400.70	11150.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	6400.70	11150.29

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Senate Majority Fund**

Full Name (Last, First, Middle Initial)

## **A. FIRST FIDELITY BANK**

Mailing Address 2777 E. Camelback Rd., Ste. 100

City State Zip Code  
 Phoenix AZ 85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA17.10879

Amount of Each Receipt this Period

216.94

Bank Interest

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

216.94

216.94

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 15

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

Full Name (Last, First, Middle Initial)

**A. Allstate Storage**

Mailing Address 3443 East Indian School Road

City Phoenix      State AZ      Zip Code 85018

Purpose of Disbursement  
Storage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      04      2015

Transaction ID : SB21B.10881

Amount of Each Disbursement this Period

809.52

Full Name (Last, First, Middle Initial)

**B. Allstate Storage**

Mailing Address 3443 East Indian School Road

City Phoenix      State AZ      Zip Code 85018

Purpose of Disbursement  
Storage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10      12      2015

Transaction ID : SB21B.10897

Amount of Each Disbursement this Period

809.52

Full Name (Last, First, Middle Initial)

**C. Sen. Jon Kyl**

Mailing Address 4442 East Camelback Road #160

City Phoenix      State AZ      Zip Code 85016

Purpose of Disbursement  
SEE BELOW-REIMB

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08      09      2015

Transaction ID : SB21B.10883

Amount of Each Disbursement this Period

703.78

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2322.82

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Senate Majority Fund

### A. Williamsburg Inn

Mailing Address PO Box 1776

City	State	Zip Code
Williamsburg	VA	23187

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.10883.0

Amount of Each Disbursement this Period

703.78

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Mrs. Ashley Ragan**

Mailing Address 307 East Royal Palm

City	State	Zip Code
Phoenix	AZ	85020

Purpose of Disbursement	Wages
Wages	100
Salaries	100
Commissions	100
Retirement	100
Health Insurance	100
Life Insurance	100
Disability Insurance	100
Unemployment Insurance	100
Other	100
Total	1000

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

07 / 04 / 2015

Transaction ID : SB21B.10880

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle)  
C. Mrs. Ashley Ragan

Mailing Address 307 East Royal Palm

City	State	Zip Code
Phoenix	AZ	85020

Purpose of Disbursement	Wages
Wages	100
Salaries	100
Commodities	100
Services	100
Interest	100
Dividends	100
Transfer Payments	100
Other	100
Total	1000

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays are shown side-by-side, separated by slashes. The first display shows the number '10' with small gray squares above the '1' and '0'. The second display shows the number '30' with small gray squares above the '3' and '0'. The third display shows the year '2015' with small gray squares above each digit.

Transaction ID : SB21B.10899

Amount of Each Disbursement this Period

1597.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3097.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 15

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Senate Majority Fund**

Full Name (Last, First, Middle Initial)

**A. Shred-It**

Mailing Address PO Box 101007

City Pasadena      State CA      Zip Code 91189

Purpose of Disbursement  
Shredding Service

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2015
**Transaction ID : SB21B.10905**

Amount of Each Disbursement this Period

464.88

Full Name (Last, First, Middle Initial)

**B. Tammy Wold**

Mailing Address 3329 East Mallory

City Mesa      State AZ      Zip Code 85213

Purpose of Disbursement  
Wages

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2015
**Transaction ID : SB21B.10907**

Amount of Each Disbursement this Period

440.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

904.88

6324.70

	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

## Senate Majority Fund

**A. BEN SASSE FOR US SENATE INC**

Date of Disbursement

Transaction ID : SB23.10910

Amount of Each Disbursement this Period

5000.00

BENJAMIN E SASSE

Category/  
Type

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 00

## B. CARLY FOR PRESIDENT

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.10884

### Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00

CARLY FIORINA

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

### C. COTTON FOR SENATE

Date of Disbursement

Mailing Address PO BOX 379

Transaction ID : SB23.10895

Purpose of Disbursement	2014 General Election Debt Retirement
-------------------------	---------------------------------------

Amount of Each Disbursement this Period

5000.00

THOMAS COTTON

Category/  
Type

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 00

**SUBTOTAL** of Disbursements This Page (optional).....

15000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Majority Fund**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE HECK**

Mailing Address PO BOX 753908

City  
LAS VEGASState  
NVZip Code  
89136

Purpose of Disbursement

Candidate Name

**JOE HECK**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

**Transaction ID : SB23.10887**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN MCCAIN**

Mailing Address 900 SECOND STREET NE SUITE 114

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

Candidate Name

**JOHN S MCCAIN**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

**Transaction ID : SB23.10890**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JEFF FLAKE FOR US SENATE INC**

Mailing Address PO BOX 12512

City  
TEMPEState  
AZZip Code  
85284

Purpose of Disbursement

Candidate Name

**JEFF FLAKE**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	04	/	2015

**Transaction ID : SB23.10882**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Majority Fund**

Full Name (Last, First, Middle Initial)

**A. MARCO RUBIO FOR PRESIDENT**

Mailing Address PO BOX 558701

City  
MIAMIState  
FLZip Code  
33255

Purpose of Disbursement

Candidate Name

**MARCO RUBIO**

Office Sought:

☐ House  
☐ Senate  
☒ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2015

**Transaction ID : SB23.10901**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE CRAPO FOR US SENATE**

Mailing Address PO BOX 1948

City  
BOISEState  
IDZip Code  
83701

Purpose of Disbursement

Candidate Name

**MICHAEL D CRAPO**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2015

**Transaction ID : SB23.10894**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE**

Mailing Address 425 SECOND STREET NE

City  
WASHINGTONState  
DCZip Code  
20002

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

**Transaction ID : SB23.10893**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

Full Name (Last, First, Middle Initial)

**A. PORTMAN FOR SENATE COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Mailing Address 8331 LITTLE HARBOR DRIVE

City	State	Zip Code
CINCINNATI	OH	45244

Purpose of Disbursement

Transaction ID : SB23.10891

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

ROB PORTMAN

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 00

Full Name (Last, First, Middle Initial)

**B. PORTMAN FOR SENATE COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2015

Mailing Address 8331 LITTLE HARBOR DRIVE

City	State	Zip Code
CINCINNATI	OH	45244

Purpose of Disbursement

Transaction ID : SB23.10892

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

ROB PORTMAN

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 00

Full Name (Last, First, Middle Initial)

**C. PORTMAN FOR SENATE COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2015

Mailing Address 8331 LITTLE HARBOR DRIVE

City	State	Zip Code
CINCINNATI	OH	45244

Purpose of Disbursement

Transaction ID : SB23.10896

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

ROB PORTMAN

Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Senate Majority Fund

Full Name (Last, First, Middle Initial)

**A. RON JOHNSON FOR SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		19		2015

Mailing Address 601 OREGON STREET SUITE B

City	State	Zip Code
OSHKOSH	WI	54902

Transaction ID : SB23.10900

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

RONALD HAROLD JOHNSON

Category/  
Type

4000.00

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4000.00
49000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Senate Majority Fund**

Full Name (Last, First, Middle Initial)

**A. Prosper**

Mailing Address 2198 East Camelback Road #300

City	State	Zip Code
Phoenix	AZ	85016

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

**Transaction ID : SB29.10898**

Amount of Each Disbursement this Period

10000.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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10000.00
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